

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875

SERIAL NO.

09/830559

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		2					63						
4		①					64						
5	1						65						
6		1					66						
7	1						67						
8		1					68						
9	1						69						
10		1					70						
11		1					71						
12	1						72						
13		1					73						
14	1						74						
15		1					75						
16	1						76						
17		1					77						
18	1						78						
19		1					79						
20	1						80						
21		1					81						
22	1						82						
23		1					83						
24	1						84						
25		1					85						
26	1						86						
27		1					87						
28	1						88						
29		24					89						
30		1					90						
31		①					91						
32		①					92						
33		①					93						
34		①					94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLA.	58						TOTAL CLAIMS						

(3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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